

Variance Request Application
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes/Elevator Section
P.O. Box 30255, Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc

Agency Use Only

Application Fee: \$100.00 per device per variance request (non-refundable)

Note: A single form may include multiple device requests if seeking the same variance for each, however payment for each item must be done separately.

Authority: 408.7023a

Penalty: Failure to provide required information may result in the denial of request

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Instructions:

- Request 1 variance per form (multiple devices can be included), additional variances will require additional forms
- Complete the form in its entirety, ensure the Rule or Code under which the variance is sought is specified
- Enclose a check payable to the STATE OF MICHIGAN
- Mail the completed application and supporting documentation to the address listed above

The Bureau of Construction Codes reserves the right to respond to this variance request or submit it to the Elevator Safety Board for action.

APPLICANT INFORMATION

APPLICANT NAME

ADDRESS

CITY

STATE

ZIP

COUNTY

E-MAIL

TELEPHONE NUMBER (Include Area Code)

BUILDING/DEVICE INFORMATION

NAME (Company or Individual)

CONTACT PERSON

TELEPHONE NUMBER (Include Area Code)

ADDRESS

CITY

STATE

ZIP

STATE SERIAL OR PERMIT NUMBER(s)

SUMMARY OF VARIANCE REQUESTED

DESCRIBE VARIANCE BEING REQUESTED, INCLUDING **RULE/CODE** UNDER WHICH VARIANCE IS SOUGHT